

ORIGINAL

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK-----x
UNITED STATES OF AMERICA, :
- v. - :
VIOLETTA HUNT, :
Defendant. :
-----x

USDS SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #: <u>2/25/08</u>
DATE FILED: <u>2/25/08</u>

NOLLE PROSEQUI

07 Cr. 1082 (PKC)

1. The filing of this nolle prosequi will dispose of this case with respect to the defendant Violetta Hunt.

2. On November 30, 2007, Indictment 07 Cr. 1082 (PKC) (the "Indictment") was filed, charging Violetta Hunt with one count of mail fraud in violation of Title 18, United States Code, Sections 1341 and 2.

3. On December 30, 2007, while this case was still pending, defendant Violetta Hunt died. A copy of the defendant's certificate of death is attached hereto.

4. Because the defendant died while this case was pending, and therefore before a final judgment was issued, the indictment against her must be dismissed under the rule of abatement. See United States v. Wright, 160 F.3d 905, 908 (2d Cir. 1998).

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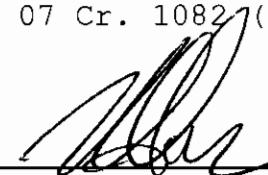
5. In light of the foregoing, I recommend that an order of nolle prosequi be filed with respect to Indictment No. 07 Cr. 1082 (PKC).



MARK LANPHER
Assistant United States Attorney
(212) 637-2399

Dated: New York, New York
February 19, 2008

Upon the foregoing recommendation, I hereby direct, with leave of the Court, that an order of nolle prosequi be filed with respect to Indictment No. 07 Cr. 1082 (PKC).



MICHAEL J. GARCIA 
United States Attorney
Southern District of New York

Dated: New York, New York
February 20, 2008

SO ORDERED:



HON. P. KEVIN CASTEL
United States District Judge
Southern District of New York

Dated: New York, New York
February 21, 2008

THE CITY OF NEW YORK

VITAL RECORDS CERTIFICATE

DATE FILED THE CITY OF NEW YORK - DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NEW YORK CITY
DEPARTMENT OF HEALTH
AND MENTAL HYGIENE
JAN 05 2008 03:59 PM

CERTIFICATE OF DEATH

Certificate No.

156-07-053879

1. DECEASED'S
LEGAL NAME

VIOLETTA

IRIS

HUNT

(First Name)

(Middle Name)

(Last Name)

Place Of Death Name _____	2a. New York City	2c. Type of Place	4. U Nursing Home/Long Term Care Facility			2d. Name of hospital or other facility (if not facility, street address)				
	2b. Borough	1 U Hospital Inpatient	5 U Hospice Facility	310 GREENWICH STREET						
	Manhattan	2 U Emergency Dept./Outpatient	6 U Decedent's Residence							
	3 U Dead on Arrival	7 U Other Specify								
Date and Time of Death Found Dead		3a. (Month) December	(Day) 30	(Year) 2007	3b. Time 2:42	3c. AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>	4. Sex Female	5. OCME Case No. M-07-07211		
<p>Cause of Death</p> <p>a. Immediate cause Pending Further Studies</p> <p>b. Contributing causes</p> <p>c. Other significant conditions contributing to death (not resulting in the underlying cause given in Part I). Include operation information.</p>										
7a. Injury Date (mm dd yyyy)		7b. Time 1 AM	7c. At Work Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	7d. Place of Injury At home, factory, street etc.			8. Medicare Exempt			
7f. How Injury Occurred										
9. If Transportation Injury Specify		10. On the basis of examination and/or investigation, in my opinion, death occurred due to the causes and manner as stated.								
11. Usual Residence State		12. County	13. City or Town	14. Street and Number	15. Apt. No.	16. Zip Code	17. Immediate City/County	18. Social Security No.		
New York		Manhattan	310 GREENWICH ST	27H	100-13	100-13	NYC	200-000-0000		
12. Date of Birth (Month) November		(Day) 07	(Year) 1912	13. Age at time of death	14. Under 1 Year	15. Months	16. Days	17. Hours	18. Minutes	
15a. Usual Occupation (Type of work done during most of working life)		16. Place of business or residence			17. Aliases or Nicknames			18. Social Security No.		
Do Not Use - Retired		Legal Secretary			Kathleen Bell			Kathleen Bell		
12. Birthplace City & State or Foreign Country									13. Education	
Check the box that best describes the highest degree or level of education completed at the time of death.									14. Some college credit, but no degree	15. Bachelor's degree (e.g., MA, MS, MEd, MEd, MSW, MBA)
16. High school diploma									17. Associate's degree (e.g., AS, AAS)	18. Doctorate (e.g., PhD, EdD, or
19. Higher professional or technical degree (e.g., BA, BS, MA, MS, MBA, JD, MD, DDS, DVM, LLD, JP)									20. Professional degree (e.g., MD, DDS, DVM, LLD, JP)	
10. Ever in U.S. Armed Forces		21. Marital Status at time of death	22. Surviving Spouse (Name of spouse prior to first marriage) (First name, middle, last)			23. Maiden Name of Spouse (Name of spouse at time of death) (First name, middle, last)			24. Date of Disposition	
1 U Yes 2 U No		1 U Married 2 U Never married 3 U Separated 4 U Divorced 5 U Widowed	22. Surviving Spouse (Name of spouse prior to first marriage) (First name, middle, last)			23. Maiden Name of Spouse (Name of spouse at time of death) (First name, middle, last)			24. Date of Disposition	
22. Maiden Name (First, Middle, Last)		24. Maiden Name of Spouse (First name, middle, last)			25. Place of Disposition (Name of cemetery, cremation, other place)			26. Date of Disposition		
24. Informant's Name		25. Relationship to Deceased			26. Place of Disposition (Name of cemetery, cremation, other place)			27. Date of Disposition		
25. Method of Disposition		27. Date of Disposition			28. Date of Disposition			29. Date of Disposition		
1 U Burial 2 U Cremation 3 U Embalming 4 U Other		28. Date of Disposition			29. Date of Disposition			30. Date of Disposition		
5 U Other Specify		29. Date of Disposition			30. Date of Disposition			31. Date of Disposition		
25c. Location of Disposition (City & State or Foreign Country)									32. Date of Disposition	
Funeraria Hermosino Inc 3287 Fulton St Brooklyn NY 11201									33. Date of Disposition	

Governor's Seal Copy
Not for Personal Use

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DATE ISSUED January 23, 2008

Steven P. Schwartz, Ph.D., City Registrar



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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE